

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION	Attorney Docket Number	11050.0023
	First Named Inventor	HAGEDORN
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ASYNCHRONOUS N X M ARBITRATING SWITCH AND ASSOCIATED METHOD

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification; including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §§ 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or under § 365(a) of any PCT international application which designated at least one country other than the United States of America, as listed below. I have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

DECLARATION AND POWER OF ATTORNEY — PATENT APPLICATION

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability in 37 C.F.R. 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number
Stuart T. F. Huang	34,184
D. Douglas Price	24,514
Scott D. Watkins	36,715

DIRECT ALL CORRESPONDENCE TO:

Stuart T.F. Huang, Esq.
 STEPTOE & JOHNSON LLP
 1330 Connecticut Avenue, N.W.
 Washington, DC 20036-1795

DIRECT ALL TELEPHONE CALLS TO:

Stuart T.F. Huang at 202.429.3000

DIRECT ALL FACSIMILE TRANSMISSIONS TO:

Stuart T.F. Huang at 202.429.3902

I hereby declare that all statements made herein of own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole Inventor: Michael S. Hagedorn
 (one given name, no abbreviation plus any other given name or initial and family name)

Inventor's Signature: 

Date: 11/06/01

Residence: Orlando, Florida
 (city and state or city and foreign country)

Citizenship: United States of America

Post Office Address: 3249 Arden Villas Blvd., #8
 (street address 1)

(street address 2)

Orlando, Florida 32817
 (city, state ZIP country)